

150th Commemoration of the Return of Michigan's Civil War Battle Flags

UNIT PRE-REGISTRATION FORM

Sponsored by the Save the Flags Project

Unit/Group _____ ? U.S. ____ ? Civilian ____ ? Other (specify) _____/100

Contact: _____

Street Address: _____ Ph. () _____

City: _____ State: _____ Zip: _____

E-Mail Address _____

Infantry Total	Artillery Total	*Cavalry <u>(dismounted)</u> Total	Medical Total	Civilian/Other (specify) Total	Number of Cannon Total
_____	_____	_____	_____	_____	_____

****NOTE** Due to event setting horses will not be allowed ***Dismounted Cavalry only*****

Types of Cannon _____

Display areas for demonstrations & etc are available. **NOTE – no tent stakes are allowed on the Capitol grounds**

Should you have any questions, please contact: Dave Downing radio.dave@yahoo.com

Participant Name List:

Name (If Military, state Rank otherwise indicate "Civilian")

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Attach and send additional sheet with more names if necessary.

The Host Committee reserves the right to name commanding officers and deny participation to any unit. Any person wishing to participate above the rank of captain must have prior approval from the Host Committee.

I hereby authorize Save the Flags Host Committee to photograph our unit, take motion pictures, video footage and/or make electronic sound recordings.

I authorize the use of any such photographic or electronic reproductions of our unit for any purpose including but not limited to educational and other public media as may be deemed appropriate
(I understand that members of our unit may be identifiable from such photographic or electronic reproduction).

I understand that there will be no financial or other remuneration for recordings, either for initial or subsequent transmission or playback.

On behalf of my unit/organization, I have read and hereby agree to comply with all conditions as set forth in the Registration information supplied. I understand that failure to comply with these conditions may be cause for removal by the Host Unit.

This registration is valid and acceptable to the Host Units only with your signature.

Signature: _____ Date: _____

Return via US mail to:

or Electronically to:

Dave Downing – reenactor coordinator
1820 N. Every Rd.
Mason, MI 48854

radio.dave@yahoo.com